

S. No. 2  
M-5-43  
5-17-39  
I X36671

FILED FEB 19 1947

Registration District No. 233

Primary Registration District No. 4348

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town Wellsville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 70 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Montgomery  
(c) City or town Wellsville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM STEWART

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 12 1877  
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Martinsburg MO  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business General farm work

12. Name EDON STEWART

13. Birthplace not known  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Start

(b) Address Wellsville MO

17. (a) burial (b) Date thereof Feb 15 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville MO

18. (a) Signature of funeral director [Signature]  
(b) Address Wellsville MO

19. (a) Feb 15 1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th  
year 1947 hour 3 minute a M.

21. I hereby certify that I attended the deceased from 14 Feb to 14 Feb, 1947; that I last saw him alive on \_\_\_\_\_, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to age

Other conditions (Include pregnancy within 3 months of death) none

Major findings: 1. Of operations none

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M.D. or other)

Address Montgomery City MO Date signed 14 Feb 47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0  
2  
0

70  
2  
0  
0

Date Filed 2-18-47

District File Number.....

District Health Officer (No. 9)

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *C. C. [Signature]*

Licensed Embalmer No. 3059

P. O. Address Wellsville Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.